mailed 7/13/05

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form a roved
Office of M: agement
and B lget
No. 121 -0188
Expires 1 30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 of 44



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

. File Number U - 337/	2. Fiscal Year Covered From:
<del></del>	1 / 1 / 2004 Through: 12 / 31 / 20 4
. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Steve	Name Chicago Regional Council of Carpenters
	Labor Organization File Number 001-949
O. Box, Bidg., Room No., if any Suite 202	P.O. Box, Building and Room Number. If any
treet 903 N. York Road	Street 12 East Brie
ity Hinsdale	City Chicago: 10 - June 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
tate [11] Incis ZIP Code + 4 60521	State
Position in labor organization. Susiness Rep /Organizer	185 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The second secon	
	pouse or minor child directly or Indirectly had any of the following interests culturions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with one tary value from an employer whose simployees your organiz	or derived income or other economic benefit of attorn represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, of income.
lame	7.a. Nature of Interest, Transaction, of Income.
rade Name, if any	PROTECTION OF THE PROPERTY OF
O. Box, Bidg., Room No If any	[Handa] haring manala haring consensus the second s
	7.b. Amount
ibest անաստանին տաստանում առաջակային արգայից բարարից որ որ որ միկ արդարակային արդանակայան հայաստանին արգային ա արդարակային արեր Մարդարատի արդարակային արգայից ու որ որ արդարակային արդարակային արդարակային արդարակային արդարա արդարակային հայաստանին արդարակային արդարակայան արդարակային արդարակային հայաստանում արդարակային արդարակային արդ	
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See all decrees a second secon	gnature Table 1997
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the	enrying documents), has been exemined by the signatury and is, to the beat of the section on penalties in the instructions.)
	on March March 1980 1984 1984 1984 1984 1984 1984 1984 1984
Signed Atting A and Cause Service	ラフェーフ、****た。 1   30   7   2
Signed Atre Lange	Date Telephone Number
m LM-3D (2003)	

Name of Person Filing Steve Lange	File Number U- 357_/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Whitfield & McGann	<del></del>	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No. if any Suite 1601	7/41 c. Employer	
Sweet Two North LaSalle	Composer	
Chy Chicago		
State Illinois ZIP Code+4 50602		
10. If 9.b. or 9.c. Is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Received ham during the Holiday Season, 12/04,	
Trade Name, if any:		
P.O. Box, Sidg., Room No., If any		
Street Charles and the Charles	11.b. Approximate dollar value of such dealing.	\$ <b>4</b> 4
City	12.a. Nature of interest held or income received.	المارة المارة
State ZIP Code + 4 [ ]	A CONTROL OF THE CONT	
	12.b. Amount.	
C. Recaived from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment	
(including trade name, if any).  Name (special section of the sect	An employee the control of the contr	Adject of the second of the se
Trade Name, if any:	common anarchimate and read forces of the second of the se	A STATE OF THE STA
P.O. Box. Bidg., Room No., If any	t man page an in the man and a state of the man and th	
Street Comp & strain and the second to the second subject to the second	Preserve and traditional representations of the contract of th	p (make n)
City [1:3] City [1:3] A Third Company	te viden i tomo i televizione kiuli di indiano, in politici di indiano, kiuli di iliano il indiano il indiano i La composito di indiano il indiano i bedini di indiano il indiano il indiano il indiano il indiano il indiano i La composito il indiano il in	
State Management of the American American American State ZIP Code + 4	ի արագրությանն արդեր դադի իրադրական արդեր արև նարարան վարման արև նա արանականական արև նարդեր ու բանական կայան ա Հրվանական արագրանական արարագրան արև արև արև արև արև արև արև արկան արև	121 12 14 14 14 14 14 14 14 14 14 14 14 14 14
13.b. Is the Business an Employer 🔐 or Consultant 🛄 ?	14.b. Amount of payment.	TR Hair is CAV JA HI 11 H District

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date